UNITED STATES DISTRICT COURT

for the

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Western	District	or new	Y OTK

Western Di	strict of New York
JOSEPH MILLER, individually and on behalf of his minor children attending an Amish school in Clymer and as a board member of that school, EZRA WENGERD, as representative of all Amish schools in the State of New York, JONAS SMUCKER, individually and on behalf of his minor children, DYGERT ROAD SCHOOL, PLEASANT VIEW SCHOOL a/k/a TWIN MOUNTAIN SCHOOL, SHADY LANE SCHOOL,))))
Plaintiff(s))
V.	Civil Action No.
DR. JAMES V. MCDONALD, in his official capacity as Commissioner of Health of the State of New York, and DR. BETTY A. ROSA, in her official capacity as Commissioner of Education of the State of New York, **Defendant(s)**)))
SUMMONS I	N A CIVIL ACTION
To: (Defendant's name and address) DR. BETTY A. ROSA, in he New York State Education B 89 Washington Avenue Albany, NY 12234	r official capacity as Commissioner of Education of the State of New York uilding
A lawsuit has been filed against you.	
are the United States or a United States agency, or an off P. 12 (a)(2) or (3) — you must serve on the plaintiff an a the Federal Rules of Civil Procedure. The answer or mo	you (not counting the day you received it) — or 60 days if you ficer or employee of the United States described in Fed. R. Civ. answer to the attached complaint or a motion under Rule 12 of tion must be served on the plaintiff or plaintiff's attorney,
whose name and address are: Elizabeth A. Brehm, Esq. Siri & Glimstad LLP 745 Fifth Avenue, Suite 5 New York, NY 10151 (212)53201091 ebrehm@sirillp.com	
_ ·	be entered against you for the relief demanded in the complaint.
	CLERK OF COURT
Date:	
	Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

was re	This summons for (name ceived by me on (date)	ne of individual and title, if any) .				
	☐ I personally served	the summons on the individual a	at (place)			
			on (date)	; or		
	☐ I left the summons at the individual's residence or usual place of abode with (name)					
	, a person of suitable age and discretion who resides					
	on (date)	, and mailed a copy to the individual's last known address; or				
		ons on (name of individual)		, who is		
	designated by law to accept service of process on behalf of (name of organization)					
			on (date)	; or		
	☐ I returned the summ	mons unexecuted because		; or		
	☐ Other (specify):					
	My fees are \$	for travel and \$	for services, for a total of \$	0.00		
	I declare under penalty	y of perjury that this information	is true.			
Date:						
			Server's signature			
			Printed name and title			
			Server's address			

Additional information regarding attempted service, etc: